

1. PLACE OF DEATH

County Name

Township or Road Dist. _____

or
Incorp. Town or Village _____or
City Elgin

16516

Registration Dist. No.	452
Primary Dist. No.	3316

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics

ORIGINAL

17407

STANDARD
CERTIFICATE OF DEATHRegistered No. 561

[[if death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME William Morimoto

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
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6. DATE OF BIRTH _____
(Month) _____ (Day) _____ (Year) _____7. AGE 31
yrs. mos. ds. If LESS than 1 day, hrs. OR min.8. OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____9. BIRTHPLACE (State or country) U.D.

PARENTS

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (State or country) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (State or country) _____

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15. Filed Dec 26, 1916 Registrar _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 25, 1916
(Month) _____ (Day) _____ (Year) _____17. I HEREBY CERTIFY, That I attended deceased from March, 1916 to Dec 25, 1916 that I last saw him live on Dec 25, 1916 and that death occurred, on the date stated above, at 12 p.m.

(The CAUSE OF DEATH* was as follows:

Gen'l Paralysis
GENERAL PARALYSIS OF
THE INSANE(Duration) 1 yrs. 9 mos. 0 ds.

Contributory (Secondary) _____

(Signed) [Signature] M.D.(Address) Elgin State HospDate Dec 25, 1916 Telephone 190

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death 9 yrs. 3 mos. 0 ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence Cook Co19. PLACE OF BURIAL OR REMOVAL Chicago Ill DATE OF BURIAL Dec 27, 191620. UNDERTAKER Wain & Ross Co ADDRESS Elgin Ill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL